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LEADING ARTICLES

REPORT OF A CASE OF WANDERING SPLEEN IN THE PELVIS, WITH PRESENTATION OF THE PATIENT.*

FRANK HINCHEY, M. D.

ST. LOUIS.

THE patient is a white woman, aged 44 years.

Family History.—Parents living and now in fairly good health. Father has had hemorrhages from the lungs five years ago. One sister died, aged 35, from cancer of the uterus. Another sister died, aged 40, from luetic trouble affecting the osseous and nervous systems, with the production of sequestra and locomotor ataxia. A third has some disturbance of a severe nature affecting the genital system.

Previous History.—General health: She has all her life been of rather delicate physique, varying in weight from 110 to 85 pounds, while her height is 5 feet 2 inches, but prior to her marriage, twenty-five years ago, she had had no illness. Three months after the birth of her first child, twenty-four years ago, she suffered a severe malarial infection, while residing in a marshy portion of Illinois, and she believes she has had numerous attacks of the same trouble until she left that state, which time was twelve years ago.

Sexual Health.—Menses began at the age of eleven years, appearing every three weeks prior to marriage. Since that time they have been, as she states, "always irregular, profuse and usually painful." Her last menstruation appeared in June, 1906. She has two living children, one aged 24, the other 18 years.

Two children have died from illnesses incident to childhood, the last one at the age of ten years. She has had one miscarriage ten years ago, of a three months' fetus; cause of same not ascertainable.

Personal Observations.—I first saw her ten years ago, and have seen her at irregular intervals since that time. The following notes were made during that period. May, 1898.—Patient is thin, pale, of delicate physique and weighs 88 pounds. Pulse 96, temperature 100. Has had a three months abortion ten days prior to time of visit. Has always been of very nervous temperament and very frequently suffers with severe pains in head, chest and abdomen. Much palpitation. Since 1896 she has had many hemorrhages from the lungs, attended by free expectoration, with painful cough. Sleep and appetite poor. Local Condition.—Lacerated perineum of second degree and large cystocele. Uterus enlarged and in first stage of retro-position. Right tube much enlarged. Pelvic organs very sensitive. A firm mass extends above uterus towards the left side, being quite freely movable. Purulent discharge from uterine canal, through a deeply lacerated cervix. One week after this examination the uterus was curetted. Examination under anesthesia caused us to believe that the mass referred to was the spleen, which was lying upon the prolapsed uterus. Splenic notch could be palpated. Shortly thereafter she left the city.

March, 1901.—General condition somewhat improved in that she has recently had no hemorrhages and much less cough. Thinks she may have had an abortion. Has a great deal of pelvic distress, backache and menorrhagia. The uterus was again curetted and the cervix repaired, but her condition under the anesthetic prohibited any attempt to repair the perineum. This was followed by much improvement of her health.

November, 1902.—During much of the year she has had a number of attacks of severe intestinal pain, accompanied with

*Patient presented at meeting of Obstetrical and Gynecological section of St. Louis Medical Society.

diarrhea and hemorrhages, also some fever and chills. Stools were at times tarry or contained much mucus. The abdomen was very sensitive, and we believed we could palpate some enlarged mesenteric glands. The rectal veins were not enlarged, but in the retro-rectal space and apparently attached to the lower portion of the sacrum, three was a cystic mass, fluctuant, immovable and of elliptical shape, with its long axis in the axis of the rectum. Its diameters were about one by two centimeters. Pressure upon it seemed to cause much pain. The rectum was freely movable over the small mass. A diagnosis of intestinal tuberculosis was made, with provisional diagnosis of a possible teratoma of neuroenteric remnants. In 1903 and 1904 her intestinal lesions seem to have healed while her general condition improved. In 1905 and 1906 she was greatly disturbed with hyperesthesias, anesthesias, migraine, globus hystericus and hot flashes. Menopause in June, 1906. In 1907 the storm abated, leaving her in 1908 able to attend to the duties of a large household. However she still suffers at times with aching pains in the arms and legs, attacks of cystitis due to the marked prolapse of the bladder, painful defecation due to a prolapsed, cystic left ovary and bearing-down sensation, due to the congested spleen resting upon a very weak pevlic floor. The uterus is larger than one would expect, is in a position of acute anteflexion, with retroposition, the cervix pointing forward. The mass in the retro-rectal space seems slightly smaller and less fluctuant than in former years. At times I have thought that a tense splenic mesentery could be palpated, extending from the spleen along the left border of the false pelvis. She has never had any symptoms of torsion of the mesentery. From the history of her sexual life we would rather expect the spleen to be adherent to some of the pelvic organs, but it seems to be free, for when she is placed in the knee-chest position it can be pushed some distance from the uterus, without exciting pain.

There is one feature of the case which I regard with special interest. This is the fact that during the years 1905 and 1906 when she was passing through the severe nervous manifestations, which were ascribed to the menopause, she presented the clinical symptoms common to splanchnoptosis. Prior to that time and since the menopause these symptoms were never observed. There is the same general ptosis now as then, with the lower border of the stomach below the navel, the right kidney readily palpable opposite the navel and freely movable, discensus of the liver and transversecolon, great laxity of the abdominal parietes, depression of the epigastrium and marked bulging of the hypogastrium; yet, despite these conditions there are none of the usual symptoms commonly ascribed to splanchnoptosis. Bearing this in mind, I believe the removal of the diseased ovary per vaginam with thorough repair of the pelvic floor will relieve her of all her symptoms. Her marked ability to cope with the tubercle bacillus is also worthy of comment.

THE QUESTION OF IMMUNITY.*

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THE problem of immunity stands in such relationship to infective diseases, that it deserves the closest attention not only of the pathologist and bacteriologist, but it should be of even greater importance to the practitioners of all special branches of medicine. It is a known fact that the prevention of disease by an acquired immunity becomes from day to day of greater importance, especially in localities visited by epidemics. Although we have read and heard about epidemic scourges in biblical times, the true interpretation and the full meaning of epidemics was not realised till in the 18th century, when epidemics of small-pox followed each other in quick succession throughout the entire world. Small-pox, a very contagious and fatal malady, was very rife in the principal cities of Europe, causing great ravages in England and France. With this came the origin of protective vaccination to insure the phenonmena of immunity. Whether the discovery of vaccination is ascribed to a chance or to the exhaustive labors of Jenner, one of the greatest savants and beneficiaries to the human race, will always leave room for argument from the pessimist. The facts are accepted as follows:

While studying at Sudbury, England, Jenner saw a young woman who declared that she was safe from contracting small-pox since she had cowpox. This statement received the sincerest consideration of Jenner, and while at London, studying under the guidance of the great John Hunter, known as the "scientist who maintained a regular menagerie for his laboratory experiments," he conducted a series of experiments which finally led to the realization of his great am-

* Delivered before Kings' County Medical Society, February 12, 1909, Brooklyn, N. Y.

bition, the practical inoculation against small-pox. According to Lorain in his memoir of Jenner, the former states: We know the date of the first vaccination as we do that of a great battle, it was May 14, 1796. The comparison drawn by Lorain is an especially fit one, for many more the battles Jenner had to fight single handed against a united pessimistic medical profession. Laying aside all the further consideration of the history of vaccination and its being the first stepping stone towards the recognition of one of the forms of immunity, let us consider the active elements of vaccine virus. The latter is a virulent fluid complex in its composition of non-specific pathological serous fluids.

Chemical nor microscopical examinations have revealed the presence of any special element to which might be attributed the peculiar activity of the vaccine. Pasteur, Koch, Chauveau, Kleber, and many other renowned investigators claimed to have found finally granulated elements in the vaccine lymph, to which they attributed its activity, also claiming certain microbes to be specific agents, but all such theories were disproven. Numerous species of microbes can be found in vaccine lymph, but they are rather those of secondary infection, and not the pathogenic organisms of vaccine. Amongst other protective vaccinations now in use I may mention those against sheep-pox (La clavelée.)

Antirabic vaccines, against rabies, vaccination against rinderpest, anti-anthrax vaccines, vaccines against symptomatic anthrax, (bacillus chauvaei), vaccines against swine erysipelas, vaccines against bovine pleuropneumonia, vaccines againts typhoid fever. Antityphoid vaccinations have as yet only a very short history and decided data, cannot be quoted until their use becomes more general. Statistics thus far obtained are good the danger from the protective inoculation being nil, no untoward results having been observed. Taking the view of the pathogenesis of typhoid fever all probabilities point in favor of vaccination. Vaccination against human plague as learned from all recent reports (Brit. Med. Journal, 1897, Vol. I, page 1461) appear to be effective means which advanced study in microbiology has produced with which to combat the greatest scourge of humanity. Vaccination against tetanus has proven preventive of tetanus. Vaccination against diphtheria, discovered by von Behring in 1890. Although speaking of vaccines in the preceding lines, I beg to say that all these preventive products are also known as preventive serums and serotoxins. Self protection is the first principle in life while protection against disease is the most important question engrossing the attention of humanity. The most primitive races were aware of these facts and history cites many instances of their early recognition of immunizing methods. Thus we find the Portuguese Colonel, Serpa Pinto (see Comptvena, Acad. d. sc. Paris 1896, t. CXXII page 441) describes a method by which he was vaccinated by the Vatuas, natives of the East Coast of Africa, aganist snake bites. He states that the natives extract the poison of snakes, and adding to same some vegetable substances, rendering thus a very brown glutinous paste, which they introduce into incisons made into the skin, and for which they claim a sure immunity against snake venom. The Moors and Pouls of Senegambia inoculate their herds against pleuropneumonia, and as early as 1773 we find that vaccination of cattle against this latter disease was carried on in Europe, (vide, Rel. de med. vet. Paris, 1886 p. 624). The inoculation of variolous virus into the healthy human subject was practiced by the Chinese since the commencement of the 11th century to immunize against small-pox. The Chinese and Siamese took matter from variolus scales and introduced same into the nostrils. The greatest and most valuable contribution regarding immunizing sera emanated from the eminent savant Pasteur who with his collaborators Charmant and Roux in 1879, published their investigations in the Annales de l'Institute Pasteur.

Next in importance to infection and its causes is the consideration of immunity, and it is my belief that work done in the various scientific laboratories for research will soon place at our command a complete series of immunizing sera, vaccines and serotoxins, so as to force us to first consider immunity and only give casual attention to probable arising causes of infection. Immunity means resistance of the living organism against infection, but what are its causes for existence. Why is it that a mouse that has recovered from tetanus will not take tetanus again, and why will a mouse who has been inoculated with a few drops of blood from the recovered mouse become protected from attacks of tetanus? Why is it that one attack of typhoid fever, of yellow fever, of scarlet fever renders a second attack almost impossible? It is this condition in which the animal organism resists the entrance of disease producing germs, or having been compelled to allow them to enter, resists, their growth and pathogensis, is called immunity, a distinct potential and vital phenomenon. The opposite condition,

in which instead of resistance, there is a passive inertia which allows the disease producing organisms to develop without opposition is called "susceptibility." Immunity is either natural or acquired or experimental, the latter if produced by various immunizing sera now in use. Natural immunity means the natural and constant resistance which the healthy animal body exhibits towards certain diseases. Acquired immunity means a resistance resulting by accidental circumstances such as vaccination, but does not cover complete protection. Destruction of immunity occurs principally through alteration in the chemistry of the blood, removal of the spleen, or the attempt to immunize with different mixed species of bacteria. The various theories of immunity are the exhaustion theory of Pasteur (1880), the retention theory of Chaveau and Metchnikoff' phagocytosis and to this we may add Wright's bacterial vaccine application. It is by this method that we are today arresting the multiplication and dissemination of morbific germs, thus making individuals who come in contact with them, refractory to their pathogenic action. During the 19th century our knowledge as to immunity was limited to immunization against small-pox, and in cattle against sheep pox, pleuro-pneumonia but the present day immunization against many diseases is practiced by many of the scientific workers of Europe, and has gradually found its way to this continent, where the good results from bacterial vaccine therapy, will soon advance a more general acceptance of immunizing therapy.

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I HAVE collected from museum specimens, autopsies and literature, 107 illustrations of fused (horseshoe) kidney. Two dominant features characterize them, viz.: 1, multiple renal arteries; 2, a marked percentage of uro-ureter (due to compression by the renal vessels).—Byron Robinson.

HOW TO TAKE CASTOR OIL.—There are many ways of taking castor oil with ease and facility—on paper. I have failed to see or taste one that, to my way of thinking, approximated "nice new honey fresh from the comb." For children, peppermint oil or essence of cinnamon disguise the nasty taste about as well as anything. Before taking a dose of oil, if it is to be taken straight and alone, the patient should hold ice or cold water in his mouth for a minute, as the taste bulbs are momentarily put out of commission and much of the disagreeable effect thus obviated.—Pacific Medical Journal.

CHRONIC APPENDICITIS.

C. A BOICE, M. D.

WASHINGTON, IA.

APPENDICITIS quite naturally divides itself into two general divisions—acute and chronic. Subacute is nearly always engrafted upon the chronic form.

The classical symptoms of acute appendicitis, the course and treatment, are fairly well understood by the profession generally and the laity even is not unaware of some of the facts. Medical literature teems with articles on the acute form, but chronic appendicitis is apparently an unknown quantity. Its course and symptoms are not understood even by the profession. Most of the text-books barely mention it, and those few assign constipation as the cause. I am not unaware of the danger of making some of the statements herein contained, as they might be construed to increase the amount of meddlesome surgery.

Chronic appendicitis may be the sequela of the acute form, but is more commonly chronic from the beginning. The time of onset is not clearly known in most cases, the condition may exist for weeks or months before attention is called to it and the physician is consulted, and then very frequently it is yet unrecognized. The subjective symptoms are usually not localized, in no way referred to the right lower abdomen. If pain is a factor, it is quite commonly referred far from the appendix.

Chronic appendicitis is a condition in which the rudimentary organ is undergoing degeneration, the lymphoid tissue is gradually replaced by connective tissue. The vermiform appendix is a remnant of past usefulness, its blood supply is insufficient, its position in the abdomen such as to prevent adequate drainage; its mesenterical attachment such as to very frequently pull it into positions favorable to passive congestion. The newly formed connective tissue contracting pinches the small blood vessels and delicate nerve endings, circulation is inhibited, vague and indefinite pains arise which may be referred to any part of the sympathetic system. With the foregoing conditions—the entrance of the streptococcus or colon bacillus quickly converts a chronic into an acute attack.

Persons suffering from chronic appendicitis rarely present themselves to the physician expecting such a diagnosis to be made. They usually complain of one or more of the following symptoms: headache, constipation, sallow skin, flatulence, hyperacidity and gastric uneasiness after eating, caprici-

ous appetite, sometimes indefinite abdominal pains or tenderness referred to no particular spot.

CASE I.—Mrs. S., aged 26. While attending her six months' old baby through an illness, she frequently complained to me of severe headaches, usually relieved by vomiting. These headaches recurred two or three times each week, and had persisted for more than a year. For about a month she had noted some pain in the left abdomen. An oculist reported her eyes above suspicion. Urinalysis demonstrated healthy kidneys. A general examination showed healthy chest organs, liver, gall-bladder and stomach normal. The palpating hand found a rigid right rectus, left flaccid. Although the pain had been on the left side there was no tenderness there. A point of marked tenderness was located one and one-half inches from the umbilicus on a line to the anterior superior spine of the ilium. Careful deep palpation outlined a tender appendix, three inches long, lying on anterior belly of the psoas. No other points of tenderness were to be found. There being no perineal or cervical tears, or other uterine or ovarian disease, a diagnosis of chronic appendicitis was made, assigned as a cause of the headaches. It is now more than a year since that appendix was removed and there has been but two or three slight headaches since.

CASE II.—Mrs. H., aged 33, I was consulted for a minor trouble, at the same time being informed that since the birth of her last child three years before she had had considerable intestinal trouble which manifested itself by several watery stools as soon as she arose in the morning. For the rest of the day she was comfortable. She had some abdominal tenderness but no pain. All organs of the head and chest being found normal a rigid right rectus was found and a point of exquisite tenderness at the edge of the rectus. On account of the marked tenderness the appendix was not definitely palpable. A diagnosis of chronic appendicitis was made, but to prevent any question, a restricted diet was ordered for two months with no change in the morning diarrhoea. At the operation, an erectile appendix was removed, and the diarrhoea was cured.

The majority of these cases have been treated for a considerable time for nervous dyspepsia, headache, neuralgia, gastralgia, an etc. The unfortunate with a headache is not always cured by glasses; castor oil, pepsin and charcoal are not curealls for stomach and bowel disorders.

The appendix lies at the root of many of the commoner disorders which are brought to our notice. The irritable appendix acts as a sparker, it is susceptible to the slightest irritation and springs up to make trouble when least expected. Its activity through Auerbach's and through Meissner's plexes causes contractions—usully tonic— of the intestinal musculature, peristalsis is inhibited or even reversed, fermentation is favored, constipation and flatulence naturally result, diarrhoea is unusual. Through the abdominal lymphatic ganglia, all the viscera are more or less inhibited in action, hyperacidity is common. Through intestinal toxines formed and absorbed, general toxemia is noted, furred tongue, headaches, lassitude, sallow skin, nervous irritability.

Pathological conditions do not always produce symptoms in the immediate anatomic locality.

Every physician has, or should have, a definite plan for general examinations. Only so can he produce with speed and order. My own plan is as follows:

1. History, carefully and complete, letting the patient tell the story, asking no leading questions. I regard the history as a most important detail in arriving at a diagnosis.
2. Examination of the eyes, ears, nose, throat, neck.
3. Examination of the chest organs.
4. Abdominal examination. If the history points to a certain organ or locality, examine supposedly normal organs first so as not to excite muscular rigidity. Examine by inspection, percussion, and palpation. Are there painful areas? Are these areas tender? If the pains are referred, where from? Any muscular rigidity? A rigid muscle means a muscle on guard to protect an inflamed area underneath. A rigid right rectus may be due to disease of the pylorus, gall-bladder, liver, appendix, ovary, intestine or peritoneum. A rigid left rectus may also be caused by ovary, peritoneum, pancreas, intestine, stomach.

Each organ, when inflamed presents some one point of marked tenderness which serves to distinguish it. The point for the gall-bladder is at the tip of the right tenth rib; for the pylorus, just to the right of the median line at the tip of the sternum; for the appendix, one and one-half inches to the right of the umbilicus on a line to the anterior superior spine of the ilium. These points are not wholly pathognomonic, but they are very strong evidence.

Palpation is done by laying the hand flat on the abdomen and with a firm rotating motion overcoming muscular rigidity. Thus it is usually possible to feel the various organs.

A chronically inflamed appendix is easily palpated in a large per cent of the cases. Those in which it can not be palpated are the ones in which the abdominal walls are very thick, where there is a high degree of tension of the recti, where the appendix is acutely inflammed, and where the appendix lies behind the cecum.

A chronically inflamed appendix feels tense, harder than normal, rolls under the fingers, is more or less tender. If the limb is flexed on the trunk, and the appendix firmly palpated—rapid extension produce severe pain and sometimes nausea. The pain or soreness resulting from the examination of an inflammed appendix last for several hours or days. This fact elicited is a strong point in the diagnosis.

CASE III.—Miss M., aged 28, trained nurse, complained for four or five days with a severe pain in the left lower abdomen, increased by walking, no nausea or rise of temperature. Examination as suggested above found left side pain but no tenderness, rectus flaccid but right rectus very rigid with a point of marked tenderness at the appendix point. Deep palpation revealed a hard sensitive appendix, smaller than normal, two and one-half inches long. Deep palpation with the flexed limb produced excruciating pain. A fibroid degenerated appendix was diagnosed and removed.

I have noted this left sided pain in a number of cases but there is no tenderness there, it being due to referred pain through the anteroir lumbar plexus of the sympathetic.

CASE IV.—MRS. X., aged 25, came to me after having been treated for three years for a left sided pain which was ascribed to ovarian neuralgia. There was no tenderness on the left side but there was on the right side. The appendix was easily palpated and very sensitive.

The nerve supply of the appendix comes from the superior mesenteric plexus of the sympathetic, being branches which accompany the ileo-colic artery. As the latter plexus gives off numerous twigs to the cecum and small intestine it becomes clear how pain may be radiated from this region to any part of the abdomen. (Deaver). The caelic plexus is a direct continuation of the solar plexus to the superior mesenteric plexus and is derived from the lower part of the solar plexus.

An irritation of the nerve supply of the appendix may be reflected anywhere along the abdominal sympathetic and it takes but small reasoning to account for the many digestive disorders which arise. Instead of the appendicitis being caused by constipation is it not just as reasonable for the constipation to be the result of the continued irritability of the appendix?

In chronic appendicitis, the location of the pain is immaterial. The pain is not the leading symptom, it is the point of tenderness and muscular rigidity.

CASE V.—Miss D., aged 13, was brought to me a short time since on account of repeated, short attacks of pain always referred to the right pleura at the fourth rib in the axillary line. This was the only subjective symptom. An examination revealed a normal lung and pleura, but a rigid right rectus and a tender palpable appendix.

I am familiar with the theory of the causation of appendicitis by trauma from the psoas, but have never seen this diagnostic point brought out, the ability to diagnose adhesion of the tip of the organ to the psoas.

CASE VI.—Miss M., age 23, while in college frequently noted that a misstep with the right foot caused severe pain in the right abdomen. This never occurred with the left foot. Upon her return home, I found, a rigid right rectus and a palpable, very tender appendix. As the appendix was especially tender at the tip and not freely moveable, and considering the history, I surmised adhesion and proceeded as follows: with the limb extended, a sudden severe blow on the heel with the closed fist produced sharp pain. Rotation of the limb, with the fingers on the appendix produced the same pain. Flexion of the limb and rapid extension had the same result. Operation a few days later confirmed the diagnosis. I have since been able to make the same diagnosis in three other cases and prove it at the operation. In no other case in which the points mentioned were not found was adhesion found at the operation.

Chronic appendicitis is stated as being more common in the male than in the female, in the proportion of five to one, on account of the more free blood supply in the female occasioned by the necessities of the generative organs.

We have heard a great deal implicating gall-bladder diseases as a cause of gastric disturbances, but very little concerning the appendix. I do not hesitate to say that a chronically inflamed appendix is the most frequent cause of gastric and intestinal disorders. The tongue is usually covered with a thick greyish coating, edges clear, mouth dry. Nausea is unusual, but anorexia is present in nearly every case. This anorexia is not a loss of appetite, but a fear to eat certain articles of food because experience

has taught that abdominal discomfort—flatulence, diarrhea, or actual pain will ensue. Most persons find that coffee, beef, and pastries produce these symptoms.

Occasional exacerbations cause slight nausea with some rise of temperature, particularly at the menstrual period. When a rise in temperature accompanies the menses and there is abdominal discomfort the appendix should always be examined.

Every one suffering from headache or gastric disturbances merits a careful examination. If any one is not in the habit of so doing, trying it for awhile will unearth appendix and gall-bladder cases where least expected.

When the condition is found, what then? Should all be operated at once? No one is so proficient in diagnosis and prognosis that he can foretell to a certainty what each inflamed appendix will do in the near future, but experience is a valuable teacher. I am firmly convinced that appendicitis—both acute and chronic—should be treated according to the pathology present, and not arbitrarily according to the number of hours or days which have elapsed since the onset. It is not a disease we are treating, but a person with an ailment.

Unless I see evidence that immediate operative interference is indicated, I prefer to wait for a time—correcting the diet, relieving constipation, attending to the general health. Some few, in which the nervous element is paramount, will be reassured and remain well for a considerable time. The condition is a progressive one, and sooner or later operation will be needed to restore health. Whenever indications point to an increase in severity, operative interference is indicated.

The diagnosis is arrived at by exclusion, absolutely ruling out other diseased conditions. Urine and blood analyses are frequently required, and gastric analysis must sometimes be resorted to to clear up some point.

During the past few months, persons have come to me complaining of the following subjective symptoms:

1. Recurrent headaches.
2. Constipation.
3. Pleurisy.
4. Dyspnea.
5. Ovarian neuralgia.
6. Loss in weight.
7. Serous diarrhea.
8. Nervous dyspepsia.
9. Sallow skin.
10. Gaseous eructations.
11. Lumbago.
12. Hyperacidity.

In all of which a chronically inflamed appendix has been found, no other pathological condition being present. In some the appendix has been found hardened as a fibroid degeneration, in others subacutely inflammed, giving evidence of early activity. Some of my cases, diagnosed some months ago and advised to wait for a time, are now coming back and ask for operative interference, after having tried diet, rest, mental ease and occasionally other physicians, but with absolutely no benefit to the chronic appendiceal condition.

Experience has shown me that when a chronic appendicitis is the exciting cause of constipation, flatulence, headaches, anorexia, etc., nothing will relieve the condition except removal of the offending organ. As no clinician can tell to a certainty what an appendix will do, and as quite an experience has taught me that those appendiceal cases showing the least symptoms frequently have the most grave pathology, I advise early operation, realizing that whatever dangers accompany every surgical procedure, appendicitis is the much more dangerous. What if eighty per cent recover from the first attack, twenty per cent die, and that is too high a death rate. In several cases operated this winter, in which the symptoms were very mild, operation has demonstrated that perforation had been averted by a very few days. "An irate appendix is one of the best things out" is very good logic.

ARTIFICIAL EYES.—Artificial eyes appear to have originated in Egypt; they were made of gold and silver, then of copper and ivory. In the sixteenth century porcelain was the substance used, and the makers advertised themselves by stamping their names and addresses on the white of the eye—a practice not likely to commend itself to their customers, one would have thought. Porcelain was superseded by glass, which again, has given place to enamel.

TETANUS.—The treatment of tetanus by injections of magnesium sulphate solution into the spinal canal, has been now employed in nine cases, with three deaths and six cures. 25 per cent. solution of this salt is employed and injected into the lumbar region, after evacuation of a corresponding amount of the cerebrospinal fluid. The effects is said to be magical, the relief of pain and muscular relaxation occurring within an hour. On the following day, if pain and spasms recur, another injection is made. Five injections are usually sufficient. —Am. Jour., of Clinical Medicine.

INVALID'S VACATION.

G. H. TARSSON,

MT. CLEMENS, MICH.

LITTLE argument is needed in our day to prove either the value or the attractiveness of a well chosen spring or climate cure. Having not too serious an ailment and the choice of a hundred earthly paradises in which to cure it might almost be called a form of human felicity, nor is any privilege more widely appreciated by the leisurely invalid than this.

More than a million people resort to the European watering places every year. In France, Aix-les-Bain and Vichi alone receive over 100,000. Weisbaden in Germany claims 80,000 visitors. Carlsbad and the Austrian Spas, the beautiful mountains of Auvergue and the Riveria Strand are thronged with visitors. A company of mingled health and pleasure-seekers over-flow into Italy, Spain and the beautiful islands of the Sea. The lasting popularity of mineral springs and health resorts is in itself ample proof of their efficiency and the physician knows that the spring and climate cures are also serious ones from a scientific point of view. Any doubt of this surviving from the time when medicines were considered good only in proportion as they were bad to take is not one that now concerns either the physician or the health seeker. Watering places combine in a measure heretofore unknown the strictly scientific arts with the means of appliances that go to make up a cheerful daily existence. Whether in the beauty of mountain solitude or in the stir of the social resort, the philosophy of the cure is the same, to combine the most approved methods of science with social and prevertial conditions.

But why it may be asked .need we go abroad in quest of relief? Are not the springs of Saratoga, Mt. Clemens, Hot Springs and other as good as all the water in Israel? These bubbling springs in which nature has so successfully hidden her great therapeutic virtues gave long ago fame to American watering places. Since times now long forgotten arms were open wide and welcome to those who seeked consentaneous health and to many discouraged invalids our mineral waters and climate cures have given new hopes and new strength, hearts full of thankfulness and happiness, such as comes only with the return of health after a long and painful illness.

When nature's play-grounds are green and decked in Spring time's beautiful floral display, health in all its ages mingles gaily in the pure invigorating air under the blue canopy of heaven, but the invalid with a heavy heart and longing sigh looks only on from the window of his sick chamber while his wearied and aching body gives him no rest. To him it seems as if nature during her most loving season increases his suffering and makes his tired body more helpless. This is nature's call to the suffering child, "To go and dwell in her garden and at her springs, to breathe the life-giving air and the perfume of beautiful flowers and to rest, rest in the heart of her fond embrace.

Regarding rest in its highest, closest and best relations to mankind and looking at it by the aid of my feeble penetration, I wish in all humility to remind you that when nature ordained that "man should live by the sweat of his brow as punishment for his disobedience," it pleased her in her plenitude of unspeakable benevolence to permit man's fatigue and temporary exhaustion to be followed by the greatest earthly solace, the pleasures of rest and repose, when calm and peaceful rest should be the immediate reward of his labors, nature devoting her best efforts during this period to repair those powers which may suffer exhaustion to renovate the bodily strength and to restore the mental vigor, mitigating man's punishment by a source of real refreshing enjoyment, enabling him to resume his labors in all the delightful vigor of renewed existence.

In my reflection upon the subject of rest is a factor in the treatment of disease, my mind is naturally reverted to that period of man's existence when it constituted the soul curative means at his disposal. Pain was made the prime agent under injury. Pain suggest the necessity of and indeed compelled him to seek for rest. Every deviation from this necessary state of rest brought with it through pain the admonition that he was straying from the conditions essential to his restoration. He must have observed with astonishment the breaking asunder of the newly formed tissues or the steady development into normal structures which occurred in exact accordance with the disturbances of rest at which the sense of pain induced him to regulate so carefully and to employ so beneficially for his own personal use and comfort.

Thus, when I speak of rest as a factor in the treatment of disease I wander not astray, and in this age of progressive therapeutics when prevention is a phrase much more familiar than cure, vacation, the days of rest, appeal more seriously to those who in their daily activities of business life enjoy the full measure of health. An occasional short period of rest is now-days considered a necessity for the mentinens of good health. The tird body seeks rest and recreation in differ-

ent localities, in lofty mountains, at the sea shore with its bracing air or the bubbling springs charged with minerals, but wherever he goes it is for the purpose of abiding with nature and to dwell in the shadow of her protecting embrace and to receive the benefits which she has promised us.

The invalid's camping grounds of today are nature's beautiful creations located where her climate is the mildest and where her hidden chambers yield on the surface life-giving waters. Here we find them in happy contentment receiving a long looked for benefit, no place else to be had. He rests and contemplates nature in her splendid unconscious life, that life which follows its appointed course without stumbling or hesitation, and noticed everywhere in impetrable security and loving protection which is to him ample and in controvertible evidence of the loving protection and benefits nature provides.

THE dominating symptoms in tuberculosis of the ureter are, hemorrhage, pain and frequent micturition.—Byron Robinson.

BERLINER FELLOWSHIP. — Miss Caroline McGill, instructor in anatomy in the University of Missouri, has been awarded the fellowship work, $1,200 a year for two years, by the committee in charge of the Sarah Berliner Research Fellowship for Women. The fellowship is available for research in physics, chemistry or biology either in Europe or America.

THE Indiana State Board of Medical Examination and Registration has revoked the license of Dr. James M. Towey, of Clinton. It was charged against him that he wrote prescriptions for drinkers of Clinton with which they were able to get whisky at drug stores, although Clinton is a dry town. Dr. Towey pleaded guilty to the charge, and it was proven also that he practiced medicine while under the influence of liquor, and on this showing the board revoked his license.

A TESTIMONIAL DINNER TO MR. HENRY PHIPPS, founder of the Henry Phipps Institute, Philadelphia, was given in the Bellevue-Stratford Hotel on the evening of Wednesday, May 12th, on the occasion of the presentation to Mr. Phipps of the gold medial awarded to him by the international Antituberculosis Association in recognition of his work in the crusade against tuberculosis. This medal is conferred once in every three years on the two men who, during the interim, have distinguished themselves most in the world-wide tuberculosis war. This is the first time the medal has been awarded to an American.

THE MEDICAL FORTNIGHTLY

Issued Tenth and Twenty-Fifth of Every Month.

Edited By
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EDITORIAL

The Office Seeking the Man.

WITH the coming into power of the Republican party in Missouri there has come the prospect of several Republican physicians being placed in official positions, and the solicitation for backing has been sufficiently active to convince even the unobserving that there are plenty of men who are willing to sacrifice their private interests in the State's behalf. We mentioned our plan of going to the State Capital to attend the meeting of the State Association to a layman and found it difficult to convince him that our purpose was not to join the noble army of office seekers, through him we learn that fifty St. Louis physicians and two hundred from other points in the State have applied for appointment on the State Board of Health! It is to be supposed that there are as many willing to be selected for each of the other vacancies, and we cannot but believe that such an abundance of material must be very confusing to the Chief Executive. Fortunately, Governor Hadley is equal to the situation, and it has been officially announced that his medical selections will be made after securing various recommendations from the organized profession of the State. The plan as announced contemplates the proposal of several, but not an army, for each position, any one of whom would be pleasing to the profession, and for whom the organized profession is willing to stand sponsor. This will mean, if it becomes effective, a splendid precedent. It is but natural that the various appointees will be Republicans, after the years of a purely Democratic regieme, it would be a mistake to have it otherwise, but the Republican physicians who can command the endorsement of the State Medical Association will of necessity be such men as will insure efficient service to the State.

The Clergyman in the Sick Room.

These days of the Emmanuel movement and various other endeavors of the ministry to strengthen its hold on existence naturally turn the attention of the public generally to the ministry and gives an interest in its preparation for its work. We must confess to a firm belief that there are a few men in the ministry so endowed with godliness and good sense that their influence over the sick is genuinely beneficial. If the Emmanuel movement were confined to this class of men it would be an undoubted blessing, but it is, unfortunately, the sensationalist who most readily adopts endeavors of this kind and such a one will speedily bring any good thing into ill-repute. Long before the clergyman adopted an interest in healing, their presence in the sick room, as an influence for the weal or woe of the patient, was a seriously discussed problem among physicians, and we have on former occasions expressed our distress at the utter lack of tact, the harmful ignorance and blindness to the fitness of things which some of these gentlemen display on such visitations. We have never had an opportunity to inform ourselves on the intricacies of ministerial education, but we had supposed that there must of necessity be chairs dealing with the everyday relations of mankind and with common sense. It is true that we found it hard to reconcile many of the sermons on so-called health topics with any such education, and the attitude of the clergy as a mass toward unscientific medicine also argues that no effort is made along these lines, nevertheless the discovery that seminaries practically ignore these things comes as a decided shock. One of the most prominent of religious periodicals* contains three articles under the general heading, "Should Ministers Know Life;" these articles are profoundly interesting and explain the evident decadence of the church. The course of study outlined in one seminary which is said to be "fairly typical," is as follows:

	Hours of Course.
Theology and Apologetics	480
Hebrew and Old Testament	288
Greek and New Testament	224
Ecclesiastical and Bible History	256
Preaching and Social Problems	96
Rhetoric and Elocution	144
Total	1,488

Out of the possible, 1536 hours, 1,488 are prescribed as indicated in the outline. Almost a third of the total time is given to theology and apologetics, Hebrew claiming a fifth, Greek a seventh, ecclesiastical history a sixth, while the study of social problems divides its scanty sixteenth of the total time with the study of preaching.

The author of the article containing this deplores that seminaries have no courses in religious diagnosis, physiology, anatomy, hygiene or clinical practice, and his criticism is good; but we would add that the religious leader-to-be needs common sense courses given by physicians and lawyers, not to make physicians and lawyers of clergymen, but to reduce the amount of fool medical and legal advice which shall emanate from the pulpit and study.

That a theological seminary dares to point with pride to the fact that its course is practically identical with that offered one hundred years ago is interesting and amusing to the medical profession. We often come in contact with the clergy from just such schools, and we now know the reason some of them come so far short of "knowing life;" it is the explanation of the $200,000 church with its $5,000 minister and an audience of 60 to 75, and these mostly women and children. Christianity is meant as much for the 20th century as it was for the first, but there are problems to be met in the 20th which were never dreamed of even in the 19th, and the church is calling for brains and common sense as never before.

The medical profession will welcome the assistance of the clergyman who "knows life;" we of the medical profession are profoundly shocked that a great religious journal should even think that there is need of discussing such a self-evident proposition.

* The Outlook, May 8, 1909.

The Missouri State Meeting.

It has rarely been our privilege to attend a medical meeting which was so altogether successful as was the fifty-second annual meeting of the Missouri State Medical Association. The business, scientific and social interests of the body were so ably handled that it is safe to say all the 400 physicians who were there felt it to have been an exceptionally profitable occasion. Each of the three sections listened to programs of splendid excellence in which the members found much incentive to better effort and renewed enthusiasm in the work which they are doing as individuals. The two orations, that on Medicine by Dr. R. H. Goodier of Hannibal, and that on Surgery by Dr. Frank J. Lutz of St. Louis, were masterpieces. Dr. Lutz brought the cancer problem to the association's attention with a

force which must be tellingly effective. The address of Dr. J. N. McCormack, chairman, National Organization Committee of the A.M.A., was delivered in the doctor's usually felicitous manner and held the attention of the large audience to his last word. He made plain the reasons for medical organization and advancement, the reasons for brotherhood within the profession, and the urgency of various lines of united action between the profession and the laity and the profession and the state.

The presidential address of President Kieffer and the reports of the Committee on Public Policy, the Committee on Tuberculosis, and the Committee on Medical Education were each worthy of especial mention as among the good things of the occasion. The Committee on Public Policy was able to report splendidly effective work in behalf of clean, scientific medicine in the session of the legislature which has just ended, the having been more along the line of hindering very objectionable legislation than in the passage of new laws. We hope to publish the report of the Committee on Medical Education in toto later; it shows that Missouri is fast coming into her own, and that we will presently have educational standards equal to the best; an encouraging fact is this, that the better of the medical schools are rapidly raising their standards without the compulsion of legislation. The Association placed this committee on a permanent basis and its work is to continue. The Committee on Tuberculosis in its report made it plain why Missouri is coming to be one of the most advanced of states in the campaign for for the control of tuberculosis.

Much good work was accomplished in the House of Delegates and in the Council. Legal Defense was put on a permanent basis and made hereafter regularly operative; the original committee was continued in charge of this work for another year. Several amendments to the by-laws were adopted and others left pending the next assembly. The reports of the secretary and treasurer showed that the Association is enjoying good government and material prosperity.

The election of officers was carried out with a splendid degree of harmony and resulted as follows: President, Tinsley Brown, of Hamilton; First Vice President, J. M. Bell, St. Joseph; second vice-president, J. A. Harris, Mt. Vernon; third vice-president, H. G. Shobe, Paris; fourth vice-president, B. W. Hayes, Jackson; fifth vice-president, J. L. Thorpe, Jefferson City.

Orator on Medicine, N. B. Woods, Independence; on Surgery, Francis Reder, St. Louis

The meeting in 1910 will be at Hannibal.

MEDICAL PROGRESS

Comprising the Regular Contributions of the Fortnightly Department Staff.

INTERNAL MEDICINE.

O. E. LADEMANN, M. D.

The Diagnosis of Gastric Ulcer.—Hall's (Am. Jour. of the Med. Sci., May, 1909) remarks are based on a study of fifty consecutive cases of gastric, pyloric, and duodenal ulcer, in which the diagnosis was placed beyond all doubt by the findings at operation. Of these, 66 per cent had had vomiting; 34 per cent hematemesis, and 8 per cent blood passed by the bowel; 80 per cent had sour stomach to a notable degree; 82 per cent had pain, and when examined, 70 per cent had tenderness and 60 per cent muscular rigidity in the region of the stomach; 74 per cent had lost from ten to twenty-five pounds in weight. Hall thinks there can be no question that ulcer of the stomach is much more frequent than we generally believe; that a scar may be frequently found blocking the pylorus in those in whom no symptoms have pointed towards ulcer, so far as an intelligent patient can inform us; that na ulcer is probably present in the majority of cases of persistent sour stomach; that the finding of tenderness and rigidity over the stomach in the latter class of cases should be regarded as practically clinching the diagnosis, except in certain neurotic individuals; that a markedly dilated stomach in a young patient, not especially neurasthenic, should raise a presumption of pyloric ulcer or its results; that no neurasthenic should be treated without first investigating the size and digestive power of his stomach, regardless of the presence or absence of a history of ulcer; that patients not helped promptly by medical treatment should be studied carefully from a surgical standpoint; that the bedside examination must be given much greater weight in the diagnosis than the report from the laboratory; and that the diagnosis of ulcer may be made with very reasonable certainty if a careful investigation be carried out.

Typhoid Bacilluria.—Connell (Am. Jour. of the Med. Scis., May 1, 1909) treats the subject very exhaustively. His article which embraces over twenty pages is summarized as follows: Typhoid bacilli are present in the urine of at least 24 per cent of all cases of typhoid fever. They are usually found in enormous numbers, appearing at about the time the temperature falls to normal; and they continue in varying intensity, sometimes intermittently usually for several

weeks, tending to disappear spontaneously. The bacilluria arises from infection of the bladder urine from the blood, probably by way of the kidney. Typhoid organisms multiply most rapidly in the urine of low acidity. Highly acid urine is inhibitory principally because of the organic acidity. The urine at the height of the fever is usually highly acid and poor medium; that of the declining stage is low in acid and a good medium for the growth of typhoid bacilli. Atony and over-distension of the bladder and the presence of residual urine are occasionally factors in permitting the typhoid bacillus to become established in the bladder urine. Severe cases of typhoid fever are more subject to infection of the urine than milder cases. The eruption bears no constant relation to the bacilluria. Albuminuria is not essential to the establishment of the bacilli in the urine. Albumin, however, enriches the urine as a culture medium and indicates such a renal damage as might more readily allow the passage of bacteria from the blood. Absence of subjective symptoms is the rule. Objective signs are usually present at some period of the infection; such signs as slight or moderate turbidity of the urine, a shimmer on swirling in a test-tube, or the presence of a small amount of pus. The only dependable sign is the presence of the bacillus proved by culture from catheterized or cleanly passed urine. Complications are rare. True cystitis occurring during typhoid fever is usually due to some organism other than the typhoid bacillus. Acute typhoid cytsitis does occur; and a few cases of pure typhoid infection causing a chronic ulcerative cystitis are recorded, as also a chronic infection of the kidney. The bacilli usually disappear spontaneously. The eliminative agents seem to be, first, an inhibition of growth due to an increased acidity of the urine in the stage of active convalescence, and second, increased power and completeness of urination. The typhoid organism in the urine is virulent. For diagnosis in a case of suspected typhoid fever bacteriological examination of the urine is rarely of value. The author concludes that (1) typhoid bacilluria is a great menace to public health. Of all excretions containing typhoid bacilli, the most dangerous is the urine of the declining and past febrile stage of typhoid fever. The feces are a greater public menace during the active stage of the illness, but taking the course of typhoid fever as a whole, the urine is probably the great spreader of this disease. However, in chronic typhoid-bacillus carriers, the bile more frequently than the urine is the medium in which the bacteria have perpetuated themselves. (2) As a routine in every case of typhoid fever, during the decline and convalescence, the urine in the bladder should be rendered inhibitory to the growth of typhoid bacilli. Bacilluria once established should be terminated by urinary antiseptics or by irrigation of the bladder. Obstinate ulcerative cystitis should be treated by surgical drainage. The passed urine of the typhoid fever patient at all stages of the illness should be disinfectant with the same care as the feces.

Two Cases of Pernicious Anemia, with Intestinal Autointoxication as a Causative Factor.—Satterlee and Sabel (Amer. Med., April, 1909) report two cases of primary anemia, the predominating symptoms were not only those of a prenicious type of severe anemia, but also marked gastro-intestinal disturbances. Case one started with a severe diarrhea and acute indigestion, flatulence, pain and discomfort in the stomach and bowel, and undigested food in the stools. A severe glossites with marked redness of the tip of the tongue was suggestive of impaired function of the intestine. Case two started also with intestinal disturbances, constipation, flatulence, distress in the epigastrium and undigested food in the stools. Under drug therapy both cases steadily became worse. When bowel irrigations were begun both cases steadily improved. This improvement was only temporary, possibly because the procedure was begun too late to produce permanent results. It is not proved that gastrointestinal disturbances are the cause of pernicious anemia, but they give certainly the most prominent symptoms. If the disease is due to intoxications from bacterial fermentation in the large intestine, thorough colon irrigations begun early would secure rational therapy, but if begun late after the hemolysis has well started would of course be of doubtful efficacy.

Epilepsy and the Bromides.—Lesem (Amer. Med., April, 1909) bases the following remarks on a study of a number of cases. He says that the value of the bromides in epilepsy has been greatly overrated. The dosage commonly employed is not only excessive, but deleterious when its administration is prolonged. Small doses produce as good results as larger ones. Half of the author's favorable cases responded to treatment without any bromide being prescribed. When employed without ordering a salt free diet the use of bromides is almost valueless. Any decided amount of sodium chloride in the blood acts as an irritant to the cerebrum and increases the frequency and severity of the attacks. While it is not known why the

exclusion of salt from the diet is so beneficial in the treatment of epilepsy it is known that equally brilliant are obtained by its prohibition in chorea. Less than 10 per cent of all cases epilepsy are curable, and only 50 per cent of carefully selected cases were benefited by prolonged treatment. The writer does not presume to explain the brilliant results obtained in many cases that responded similarly to treatment.

TUBERCULOSIS.

Uro-Genital Tuberculosis; with Especial Consideration of Tuberculosis of the Bladder. —(Address on Surgery, delivered before the South Carolina Medical Association, at Summerville, April 21st, 1909, by Dr. Bransford Lewis, of St. Louis.)—The author thought that an easier, clearer conception of uro-genital tuberculosis was to be obtained when the general scheme or plan of attack on these organs by the infection was understood. Transmitted in any one of five different ways, the tubercle bacilli reach the urinary or genital organs; certain of these organs habitually receive the brunt of the attack first, while others invariably stand secondary in this respect. In the vast majority of all such cases, one or the other kidney is the organ first attacked; in a very small proportion an epididymis is the point of initial attack. From these respective foci the infection spreads in the direction of the physiological secretions (the urine and semen); that is, from the kidney downward, along the ureter to the bladder; and from the epididymis upward, along vas deferens, seminal vesicle,ejaculatory duct, prostate and urethra to the vesical neck. Thus the bladder stands in the line of secondary attack from either direction, and likewise stands a most excellent chance of ultimate infection, no matter how resistant it may show itself for a time. Vesical tuberculosis is therefore an affection invariably secondary to tuberculosis of some other uro-genital organ; and must be so considered in respect to diagnosis, therapy and management. The marital relation was not considered an important or frequent factor in the transmission of tuberculosis, notwithstanding coincidences of that kind that are often reported. The mode of development and clinical evidences of vesical tuberculosis were described, but the subject of diagnosis was given greatest attention. While demonstration of the tubercle bacillus was usually the crucial factor its demonstration was not absolutely essential; and on the other hand, the presence of bacilli in the urine did not by any means necessarily indicate vesical tuberculosis, as tubercle bacilli may for long periods float in the urine of persons whose urinary tract is innocent of any pathological lesion, even as demonstrated post-mortem. For the differentiation between smegna and tubercle bacilli the author threw out of calculation, as being entirely untrustworthy, all of the differential staining methods in vogue. They were liable to lead to error and disaster in diagnosis. In obtaining the urinary specimen for investigation, smegna bacilli should be absolutely excluded by cleansing methods and careful catheterization, no dependence being placed on the specimen passed voluntarily. Cystoscopy was considered the other necessary factor for fixing the diagnosis of vesical tuberculosis, and it was to be employed for both diagnosis and treatment. The author expressed himself as decidedly opposed to the rather broadly disseminated view that urinary tuberculosis meant interdiction of such instrumentation. The cystoscopic picture while often characteristic, was not always typical or certain. The condition called lymphoid tubercle often simulated renal tubercle, but without having any relation to Koch's bacillus. The positive evidence presented by the appearance of a ureteral orifice was valuable, but the negative evidence was of little import. There were cases in which tuberculous kidneys had been removed and yet the corresponding ureteral orifice showed nothing abnormal to the cystoscope. The segregator was considered of little value, as compared with the more exact method of ureteral catheterization. The latter was free from the theoretical danger attributed to it, that of conveying infection into the healthy ureter. To the writer's knowledge, that objection had never been made by anyone who had had much experience in ureteral catheterization, and it had been denied over and over again by those who have had much experience. The treatment of vesical tuberculosis as divided into palliative and curative, by means of hygienic, systemic, local and operative measures. The modes of treatment embraced, besides general systemic and hygienic measures, tuberculin treatments, operative attack on the original foci of infection, operative attack on the bladder, with perhaps extirpation of the organ and transplantation if the ureters; curetting of the organ, with application of medicaments, and drainage; local applications to the vesical mucosa; cystoscopy and ureteral catheterization,and applications into the bladder or ureters. The details of operative treatment were discussed. The keynote of the paper was contained in the declaration that the profession should no longer consider cases of urinary tuberculosis as

beyond the reach of assistance or beyond reclaim. Very many such cases are brought back to health and strength and comfort, both with and without operative measures being applied. Tuberculosis of these organs is amenable to judicious care and treatment as it is of other parts of the body.

Increasing Prevalence of Animal Tuberculosis.—The reports of the Bureau of Animal Industry of the United States Department of Agriculture indicate that tuberculosis among live stock is steadily increasing, as shown by the number of animals affected at the various slaughtering centers. The increase in the number of cases found is due in part, but only in part, to the increased efficiency of the method of inspection. The meat inspection figures show that nearly 1 per cent of cattle and over 2 per cent of hogs slaughtered are tuberculous, which is surely an alarming condition. Feeding experiments conducted by the bureau have proved conclusively that hogs are readily infected through the ingestion of feces and milk from tuberculous cows. There is therefore no doubt that the prevalence of the disease in hogs could be greatly reduced simply by eradicating it from cattle. Considerable testing of cattle has been done in Washington, D. C., and vicinity for the purpose of assisting the district authorities in obtaining a pure milk supply, and of obtaining for the Bureau further information regarding the extent of tuberculosis in the locality and for other purposes. In these tests about 17 per cent of the dairy cattle reacted. The percentage of tuberculosis in various states, shown by tests conducted by the officials in those states with Bureau tuberculin, indicates that from 2.79 to 19.69 per cent of the cows react, and it is estimated that in the country at large at least 10 per cent of the cows in dairy herds are tuberculous. The recent agitation against the milk of tuberculous cows as human food has had the effect of causing many herds to be examined, with astonishing results not only to the owners, but to the officials themselves. Can it be wondered at that so many infants and children die of intestinal tuberculosis when so many of the cows from which milk is obtained are tuberculous? Without considering the matter as a public health question, but looking at it entirely from an economic standpoint and as a business proposition, live-stock raisers can not afford to have tuberculosis in their herds. As an illustration, Argentina requires that all cattle imported into that country shall be subjected to the tuberculin test upon arrival, and as a consequence exporters from the United States have had the test made on cattle intended for shipment. The results of these tests showed that in some of the pure bred herds nearly 50 per cent of the animals were diseased, and in consequence sales were lost. When the practice becomes general for all buyers of breeding cattle to have animals tested before placing them in their herds the breeder of strictly healthy cattle will be much sought after. Already some breeders of pure bred cattle have established, or are arranging to establish such herds. As soon as the breeders fully understand the fact that it is unprofitable to go on breeding cattle while tuberculosis exists in their herds much of the objection raised against the sale of live stock subject to inspection will disappear, for it would be worth the price of several condemned animals for the owner of a valuable herd to know the fact as early as possible if the disease exists in his herd, as the longer he delays in taking steps to prevent its spread the greater will be his loss eventually. Figures for the last year secured from abattoirs where Federal inspection is maintained show that over ten billion pounds of meat was inspected, forty-six million pounds of which was condemned, nearly three-fourths being for tuberculosis. The recent effort of the large packing interests to buy all dairy cows subject to post-mortem inspection shows how serious the plague is becoming. Sooner or later the man who raises tuberculous animals must suffer the loss, unless the loss is paid for out of public funds; and when the loss is placed upon the producer we may then know that the end of the disease is in sight. It may at some time be necessary for the Federal government to quarantine against interstate shipments of cows from certain States where the disease prevails to a considerable extent, and require a strict supervision over all animals removed from such states for interstate shipment, and only remove the quarantine from sections of the State when it has been demonstrated that the disease either has been eradicated or is under strict local quarantine.

INSOMNIA.—The following prescription has been used with gratifying results:

Veronal	℥ss
Trional	grn. xv
Tinct. vanillae	*m* viij
Alcoholis	℥iss
Glycerini	q. s. ad ℥ij

M. Sig.: Two teaspoonfuls in wineglass of water, to be repeated in half an hour if necessary.—Exch.

ST. LOUIS ITEMS.

Dr. Louis M. Warfield, formerly of St. Louis, announces his permanent location at 110 Gaston street, Savannah, Ga., specializing internal medicine and pediatrics.

McCormack in St. Louis.—Dr. J. N. McCormack will address the medical profession at the auditorium of the St. Louis Medical Society, 3523 Pine street, May 29, at 8:30 p.m.

The annual commencement of the Barnes Medical College occurred on the evening of May 14th. A large class was graduated and a year of exceptionally telling work was ended.

Dr. C. A. Vosburgh has removed his office to the Metropolitan building. He has added to his bacteriologic and pathologic equipment, with which he has been closely identified, a complete X-ray outfit.

Graduation.—The graduation exercises of the St. Louis College of Physicians and Surgeons were held May 7, when a class of 67 was graduated. The charge to the graduating class was given by C. Porter Johnson, and the diplomas were presented by Dr. Waldo Briggs.

Summer Medical School.—The medical department of St. Louis University will conduct a summer medical school, beginning on May 24 and continuing until July 24. The course will be for graduates and practitioners, and to it women will be admitted on the same terms as men.

Washington University's Medical Department has issued announcements of its coming commencement and week of special clinics. Following closely the plan of last year, which proved a great success, a hearty invitation has been extended to graduates and former students to be present at the graduation exercises, the annual banquet and their choice of a splendid array of clinical lectures which will be offered during the week of May 23d.

Unlicensed Practitioner Convicted.—James Austin Larson, who advertised in the daily papers that he was able to cure many disease by what he called the "teleconi system," was convicted in the Court of Criminal Correction of practicing medicine without a license. The judge's instruction was "That holding one's self out and representing and professing to be able to heal diseases, no matter by what process, is practicing medicine within the meaning of the law." The defendnat was fined $500, but as a compromise, was permitted to pay a fine of $150 on his promise to leave the state.

THE XVIth INTERNATIONAL MEDICAL CONGRESS.

The directors of the XVIth International Medical Congress at Budapest (from the 29th August till 4th September this year) have just issued the second circular. This pamphlet, bedsides its scientific portion, contains a detailed program of the Congress excursions, and all the necessary information with regard to traveling and accommodation. It may also be expressly observed here that the question of lodgings has been settled, so that every one taking part in the Congress may without difficulty find suitable accommodation. The membership subscription is 25 crowns; wives and daughters of members 12.50. Remittances should be sent to the treasurer of the Congress: Professor Julius Elischer, VIII., Esterhazy-utcza 7, Budapest. It may happen that, although upwards of 20,000 copies of the program have been despatched, the majority of our colleagues may not be provided with the same. The directors of the Congress therefore respectfully requests them to regard this communication as an invitation to take part in the Congress. All who may be interested will, on application to the directors of the Congress, immediately receive a program and all their inquries and wishes will be most promptly attended to. Address: Office of the XVIth International Medical Congress, VIII, Esterhazy-utca 7, Budapest.

AMERICAN PARTY, INTERNATIONAL MEDICAL CONGRESS, AUGUST 29 TO SEPTEMBER 4.

For the benefit of those who contemplate attending this Congress, we would state that ample arrangements have been made for hotel accommodations in Budapesth, a large number of rooms having been engaged a year or more ago, in the Hotel Hungaria, for the members of the American party. Reservation should be made this month, to insure good rooms. Those who join this party will have no worry as to details, a competent guide being in constant attendance. The cost of the entire trip, including a week's board in Budapesth, meals en route, railroad fare, tips, first-class steamship both ways, carriages for sight-seeing, visiting hospitals; forty-one days, $395.00. Sail from New York, August 12. Full information and itinerary may be obtained by addressing Dr. Chas. Wood Fassett, secretary Medical Society of the Missouri Valley, St. Joseph, Mo. (New York Headquarters, Grand

Hotel, Broadway and 31st street; Atlantic City address, Grand Atlantic hotel).

Those who desire membership in the congress may send their application to Dr. J. H. Musser, chairman American Committee, Philadelphia, accompanied by a fee of $5.00, and professional card.

Doctor—Madam, your husband must have absolute rest.

Madam—Well, doctor, he won't listen to me.

Doctor—A very good beginning, madam—a very good beginning.

The Georgia Medical Association, at its meeting, April 24, at Macon, selected Athens as the next meeting place. T. J. McArthur, of Cordle, was chosen president; M. F. Carson, of Griffin, first vice-president; John P. Shannon, of Monroe county, second vice-president, and Claude A. Smith, of Atlanta, was re-elected secretary.

The New Hotel Ostend, Atlantic City, is located in Chelsea, the select part of the residence district, and offers a quiet place for refined people who wish to rest for a season after the meeting of the American Medical Association. (Tickets are good for thirty days.) Located on the board-walk, and within easy walking distance of the piers. For special rates and booklet, address D. P. Rahter, manager, Atlantic City, N. J.

Until the fifteenth century the diamond was set rough, as it was brought from the mines, and it was only in the year 1356 that Louis Berghen, of the City of Bruges, discovered the art of polishing this valuable stone. The other precious stones were polished by the friction of emery powder, which would not touch the diamond at all. Louis Berghen succeeded in giving a polished face to a diamond by rubbing it against another. The invention of the wheel, and the use of diamond powder, is also due to Louis Berghen.

Grand Atlantic Hotel.—Reserve your rooms early at Atlantic City, or you may fail to get located comfortably and conveniently. The "Grand Atlantic" is situated on Virginia avenue and near the beach; only a few steps from the steel pier, where the sections of Medicine, Surgery and Gynecology will hold their sessions. The President's reception will also be given on the steel pier, so that if you are stopping at the "Grand Atlantic," you will have no expense for carriage hire or extra meals. Rate $2.50 and up, American plan; $1.50 and up, European plan.

The Medical Fortnightly

A Cosmopolitan Biweekly for the General Practitioner

The Medical Fortnightly is devoted to the progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to physicians, and to this end, in addition to a well-selected corps of Department Editors, it has secured correspondents in the leading medical centers of Europe and America. Contributions of a scentific nature, and original in character, solicited. News of Societies, and of interesting medical topics, cordially invited.

Advertising forms close on the first and fifteenth of each month. Time should be allowed to submit proof for correction. Advertising rates on application.

Remittances and business communications should be addressed to the Fortnightly Press Co.

Subscription, $2.00 a year, in advance, including postage to any part of the United States, Mexico and Canada. Postage to foreign countries in the Universal Postal Union, including Newfoundland, $1.00 a year additional. Entered at the St. Joseph postoffice as second-class matter.

Subscriptions may begin at any time; volumes end with June and December.

Contributors should understand that corrected typewritten copy is essential to clean proof and prompt publication, and is much more satisfactory than manuscript. Original articles should be as condensed as justice to the subject will allow.

Editorial offices in St. Louis and St. Joseph, where specimen copies may be obtained, and subscriptions will be received.

Contributions and books for review should be addressed to the Managing Editor, 319 and 320 Century Building, St. Louis, Mo.

Epsom salt in solution of alcohol are antidotes to carbolic acid.

To Destroy Flies.—Delamarre, of Paris, advises that a solution of formal in water, one part to nine be put on plates; 24 hours later not only the plates but a considerable space around them will be covered with flies and mosquitoes which have been attracted by the mixture and its emanations. The solution should be changed every day.—Medical Times.

In some parts of Italy blood-letting is still held to be a cure-all. Some time ago a sick child was bled until the mother timidly protested. The doctor assured her that one more application of the cups would ensure recovery. In spite of this, the next morning, when the doctor came, the mother sobbed out that her baby was dead "Madam," said the doctor, "be comforted by knowing that your child died cured."

International Medical Congress

North German Lloyd SS. "Bremen"

AT

Buda Pesth Hungary

August 29 to September 4, 1909

PRELIMINARY ANNOUNCEMENT

of the

American Party

Sailing from New York August 12, 1909
All Expenses Paid, Round Trip, $395

As a large number of American physicians will attend the **Sixteenth International Medical Congress** to be held in Buda Pesth, Hungary, August 29 to September 4, 1909, the following itineraries have been arranged to enable the journey to be made with the maximum comfort and enjoyment, at fixed inclusive fares: Tour A provides for a direct trip, with short trips to Paris, Berlin, Munich and Vienna, with carriage drives, visits to hospitals, etc., in addition to the stay in Buda Pesth during the session of the Congress, with return to Berlin and Hamburg (41 days, $395, including hotel and all expenses). Sail from New York August 12, by North German Lloyd S. S. "Bremen."

Tour B presents an opportunity of combining a visit to Great Britain, Paris and some of the points of scenic interest in Switzerland, with the opportunity of returning direct from Buda Pesth to New York (60 days, $540, all expenses). Sail from New York July 24th, by White Star liner "Arabic."

The business arrangemenls of the tour have been placed, as before, in the hands of Thos. Cook & Son, the well-known tourist agents, which insures perfect and complete service for the trip, and relieves passengers from all troublesome details incident to foreign travel. Those delegates who attended the last meetings in Madrid and Lisbon will remember the excellent service afforded them. Rooms have been specially reserved at Hotel Hungaria, Buda Pesth, for this party, but as the number is necessarily limited, we would advise those contemplating the trip, to book at once and secure accommodations.

For further information and copy of itineraries, apply to

CHAS. WOOD FASSETT, M. D.
Secretary, Medical Society of the Missouri Valley
Krug Park Place, St. Joseph, Mo.

MEMBERSHIP IN THE CONGRESS.—Physicians desiring membership in the International Medical Congress should address their communications to Dr. J. H Musser, Chairman of the American Committee, 1927 Chestnut Street, Philadelphia, who will furnish full information and programs. The Secretary General of the Congress is Dr. Emil Grosz, Esterhazy-Utczer 7, Buda Pesth, Hungary.

Important New Medical Books

for the General Practitioner

Diseases of the Skin

Ohmann-Dumesnil By A. H. Ohmann-Dumesnil, formerly Professor of Dermatology in the Post-Graduate College, St. Louis, Mo., Marion Sims' College of Medicine, St. Louis, and St. Louis College of Physicians and Surgeons.
600 Pages. 150 Original Illustrations Price, Cloth $4.00; Morocco $5.50.

This is the ideal book on dermatology for the general practitioner. Practicality and adaptation to the use of the busy man have been the author's constant aim. Treatment has been especially emphasized and diagnosis is given the attention its importance demands. Rare cases, unimportant conditions and new, untried remedies are omitted.

Suggestive Therapeutics, Applied Hypnotism, and Psychic Science

Munro By H. S. Munro, M. D., Americus, Ga., Supt. of Poplar Grove Sanatorium, Ellaville, Ga. **362 Pages. Price, $3.00.**

A book on this subject dealing with its practical side has long been needed. This want is aptly supplied in the book written by Dr. Munro.

Descriptive circular sent free upon request.

Gonorrhea in Women

Finley By Palmer Finley, M. D., Professor of Gynecology, in University of Nebraska, Omaha. **106 Pages. Royal Octavo. Price $2.00.**

This is the only Monograph in the English languages on this subject.

Examination of the Ear

Spencer By Selden Spencer, A. B., M. D., Instructor in Otology, Medical Department, Washington University, St. Louis, Mo., with an Introduction by H. N. Spencer, M. D., Professor of Otology, Medical Department Washington University, St. Louis, Mo. **65 Pages. 5 Full-Page Plates 12 Other Illustrations. Price $1.**

Golden Rules of Surgery

Bernays By the late A. C. Bernays, A. M., M. D., F. R. C. S. (England), St. Louis, Mo.
232 Pages. Price, $2.50 Portrait circular sent upon request

Golden Rules of Pediatrics

Zahorsky By John Zahorsky, A. B., M. D., Clinical Professor of Pediatrics, Medical Department, Washington University, St. Louis, Mo.
362 Pages. Price $3.00, Circular sent upon request.

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Benedict By A. L. Benedict, A. M , M. D., Buffalo, N. Y.
416 Pages. Octavo. Price $3.00. Circular sent upon request.

Office Treatment of Rectal Diseases

Mason By R. D. Mason, M. D., Professor of Diseases of the Rectum, Creighton Medical College, Omaha, Neb. **4th Edition, greatly enlarged, completely reset, many new Illustrations. Price, 2.50.**

Chronic Constipation, Aetiology, Pathology and Treatment

MacMillan By A. J. MacMillan, M. D., Professor of Therapeutics in the Detroit College of Medicine, Detroit, Mich. **250 Pages. Price, $2.00.** Circular sent upon request.

THE C. V. MOSBY MEDICAL BOOK & PUBLISHING CO.

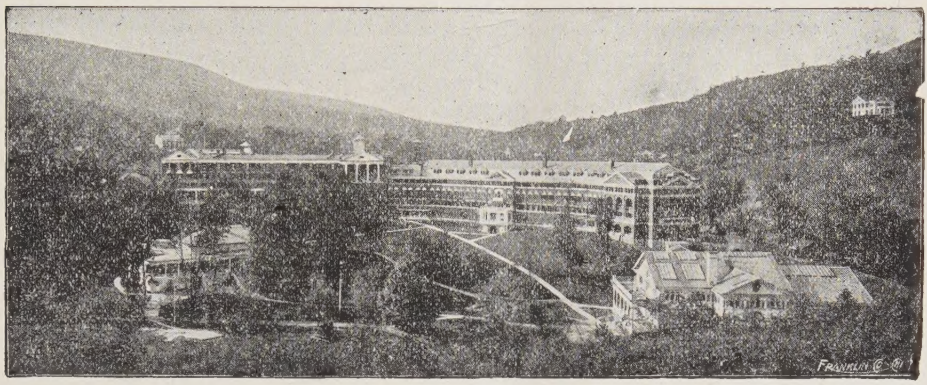
GRAND AVE. AND OLIVE STREET ST. LOUIS, MO.

SOCIETY PROCEEDINGS

AMERICAN MEDICAL ASSOCIATION AT ATLANTIC CITY.

Delegates to the American Medical Association this year will have the pleasure of a trip on special train over the picturesque "Big Four and C. & O." route through the resort region of the Virginias, and an opportunity of visiting Hot Springs, the most aristocratic of the old Southern resorts.

The "Missouri Valley and Southwest Special" will be composed of the finest Pullman palace sleeping and dining cars, observation and library car, and will run solid through to Atlantic City without change. The train will leave St. Louis on Saturday, June 5th, at noon, over the Big Four-C. & O. railways via Indianapolis, Cincinnati and Washington.



"The Homestead," Virginia Hot Springs, where the A. M. A. party will spend Sunday en route to Atlantic City.

Sunday at Hot Springs.—Sunday will be spent at Hot Springs, Va., a beautiful resort in the Allegheny Mountains where the entire party will be the guests at luncheon of Mr. Fred Sterry, manager of the famous "Homestead" hotel. The day will be spent in sight-seeing. Leave Hot Springs 5 p.m., arriving at Atlantic City on Monday morning June 7th, in ample time to register and attend the House of Delegates and auxiliary meetings before the opening of the American Medical Association on Tuesday.

LOWER RATES TO ATLANTIC CITY—LONGER LIMIT.

Just as we go to press with the FORTNIGHTLY, we learn of a lower rate for the A. M. A. The Summer tourist rate goes in effect June 3, of **$29.70** for round trip St. Louis to Atlantic City and return, good *thirty* days from date of departure; allowing stopovers at Philadelphia, Washington, and other points. From Kansas City and St. Joseph $37.95; from Omaha $40.70; and corresponding rates from all points in western passenger association. The limiton this ticket will allow about three weeks stay in Atlantic City. Be sure to take your wife and daughter and give them a pleasant outing inthis famous resort.

If you wish to go on to New York for ten days, you can deposit your ticket at Philadelphia and buy a round trip ticket to New York for $5.00. Should you desire to spend more than ten days in New York, you can purchase a roupd-trip from St. Louis to New York for $29 50, good thirty days. This ticket can be deposited at Philadelphia for ten days, and a round-trip ticket to Atlantic City bought for $1.75. Make up your mind *where* you wish to spend your time after the meeting, and we can arrange the ticket to suit your wishes. The new Grand Hotel will be headquarters in New York.

New York City and return: from Kansas City and St. Joseph, $39.30; from Omaha, $40.50; thirty-day return limit. With stop-over at Atlantic City, ten days, $1.75.

Reservations should be made at once to insure good accommodation.

Fill out the blank below and mail to the secretary.

A special car will leave Omaha on the evening of June 4th, at 6:30 o'clock, via the "Wabash." From Kansas City and St. Joseph the service will be via the "Missouri Pacific," leaving St. Joseph at 7:40 o'clock p.m. and Kansas City at 11:00 o'clock, p.m., same evening, arriving at St. Louis early next morning, allowing about four hours in the city.

Headquarters: Hotel Accommodations.—The Grand Atlantic Hotel has again been chosen headquarters of the Medical Society of the Missouri Valley and Medical Association of the Southwest, Mr. Cope having "made good" in 1907. This excellent house was chosen on account of its proximity to the "Boardwalk" and Steel Pier, where the Sections of Surgery, Gynecology and General Medicine will be held. Rates, $2.50, and up, per day, American plan.

State, County and District societies are cordially invited to join our party. Let us make the attendance at the A.M.A. from the West this year a record-breaker.

MISSOURI VALLEY AND SOUTHWEST SPECIAL TO ATLANTIC CITY
Leaving St. Louis Union Station at noon, Saturday, June 5.

DR. CHAS. WOOD FASSETT, Secretary,
St. Joseph, Mo.

You may reserve for me_____Pullman berth__section__on special A. M. A. train to Atlantic City, for which please find draft for $_____enclosed.

(Rates from St. Louis to Atlantic City, $6.00 for single or double berth; section $12.00.)

I wish hotel reservation at Atlantic City for_____people_____

_____in room, American plan.

I wish to remain in Atlantic City_____weeks after the meeting.

I wish to spend_____days in New York City.

Number gentlemen in party_____ _____

Number ladies in party_____ _____

(Sign and return this at once and be sure to enclose draft)

Be sure your tickets read "Big 4 and C. & O. R. R.," via Washington and Philadelphia, with stopover privilege.

A GOOD PRESCRIPTION.

Wear a smile on your face.
Keep a laugh in your heart,
Let your lips bbuble over with song;
'Twill lighten your load
As you travel life's road
And help some other sinner along.

THE PERFECT MAN.

There is a man who never drinks,
Nor smokes, nor chews, nor swears;
Who never gambles, never flirts
And shuns all sinful snares—
He's paralyzed!

There is a man who never does
A thing that is not right;
His wife can tell just where he is
At morning, noon and night—
He's dead!—Exch.

MEDICAL MEMORANDA.

The Administration of Iodine always a problem in the past, is a problem no longer. It is wholly unnecessary to use potassium or any objectionable vehicle in order to convey a little iodine to the system. Burnham's soluble iodine meets all the indications for the iodine therapy and does not irritate or depress. It is given internally or hypodermically, in large doses if needed, with perfect safety and in all therapeutic doses is non toxic. It is incumbent upon the medical profession to prescribe not only what is best for the condition of their patients but what is least injurious.

Galactenzyme.—A "sour-milk" ferment triturate of active lactic bacilli, a modified culture of the bacillus of massol of which so much has been written in the past few months. Galactenzyme is a very efficient product in the treatment of intestinal putrefaction and autointoxication. It is supplied in bottles of one hundred tablets nicely flavored with chocolate and vanilla, or plain as may be desired, at $ .35 per bottle ($4.00 per dozen) very much less than the usual exorbitant prices charged by others. In addition to this a special tablet of the same culture is supplied for the home production of Bulgarian "sour-milk" ($ .35 per package). Boullion cultures also are made to order for use as colonic injections, and for nose, throat and urethral work. Samples of the regular, edible tablets (mixed both plain and flavored in same package) will be sent by the Abbott Alkaloidal Company, on request to Chicago.

Ecthol.—In ecthol we have a preparation of vegetable origin, which possesses strong antipurulent properties which may be described as specific. Ecthol is non-toxic, so that it may safely be employed by the unskilled, who are thus armed against septic complications. It contains the active principles of two remarkable plants, viz: Echinacea angustifolia and thuja occidentalis, two American shrubs that have long rejoiced in an extensive reputation as a dressing for wounds. The action of ecthol is not limited to wounds and suppurating lesions of the integrent. Its antipurulent action is equally manifest when given internally in the acute specific fevers, in erysipelas, and generally in all cachetic states with tendency to pus formation. It constitutes an excellent dressing for fresh wounds, which are thus protected against septic invasion, but its inhibitory and destructive action on pyogenetic organisms renders it invaluable as a local application to boils and carbuncles, insect strings and bites, ulcers and for the irrigation of abscess cavities. —American Medicine.

Gastric Carcinona.—The early diagnosis of carcinoma of the stomach is of marked importance, for it is a more common disease in this country than in Europe and next to the uterus, the stomach is the most usual seat of primary cancer. As the disease develops and the symptoms become more marked, the diagnosis is rather easily made, but in the early stages, where chronic dyspepsia is so common, cancer is often overlooked. While gastric carcinoma is a trifle more frequently found in men than in women and 75 per cent of the cases occur between the fortieth and the sixtieth years, yet these facts must not lead us astray in the case that is younger. Chronic dyspepsia is probably the first symptom, which will be noticed and is usually associated with loss of vigor, gradual but steadily increasing debility, occuring oftentimes long before the symptoms of vomiting, which is so common in these cases and a habitual coating of the tongue is noticed The soreness of the abdomen and the outlining of a tumor are really later symptoms, consequently the examination of the stomach contents after a test meal, gives us the first clew to the condition; many chronic dyspeptics, which do not respond to the usual treatment, are found to have, when the stomach contents are examined, lactic acid present with the absence of free hydrochloric acid and however small the variation may be from the normal, it should at once arouse suspicion. In these cases as well as those of a later stage, the treatment is to a certain extent palliative. However, it has been found that in these cases protonuclein is of marked value. Where there is nausea and vomiting, these symptoms have been known to cease as early as the fifth day, while at the end of the third week, there is a marked change in the strength of the patient, which is followed by an increase of appetite, in fact, however advanced the case may be, the giving of protonuclein is accompanied by such marked results that the patients become a comfort to themselves and to their families.

Functional Neurotic Disorders.—The various vital functions of the organism are so intimately associated and correlated that it is impossible to definitely attribute any chronic nervous illness to disease or derangement of but one of the great bodily systems, i. e., circulatory, respiratory, digestive, lymphatic or nervous. The many neurotic conditions which the physician is so frequently called upon to treat cannot be successfully attacked by confining treatment to the nervous system exclusively, any more than can the cutaneous affections—acne, eczema or urticaria, be permanently relieved by lotions, washes and unguents alone. Neurasthenia, nervous "breakdown," nervous prostration, "brain-fag" and allied states are usually but neurotic manifestations of some constitutional metabolic fault, which must be sought out and remedied if intelligent therapy is to be applied. Among the

various pathologic conditions which oppose the relief of neural disorders, anemia whether primary or secondary, is always worthy of therapeutic attention. Unless the blood supply is relatively normal in both quantity and integrity, its oxygen-carrying capacity is "below par" and, consequently, metabolic exchange and interchange is embarrassed and the necessary improvement in bodily nutrition is difficult of accomplishment. Pepto-Mangan (Gude) stimulates and encourages oxygenation and nutrition, by furnishing the more or less impoverished blood with an immediately appropriable form of its vital metallic elements, iron and manganese. The vital stimulus thus imparted is often the one thing needful to initiate the substantial systemic "building up" process which must precede the desired recovery from neurotic disorders.

Nutrition in Tuberculosis.—The result of the experimental researches carried out by professor Albert Robin has been to prove that a knowledge of the tuberculous "soil" is vastly more important from a therapeutical point of view than the oftentimes fallacious search for the bacillus. In practice therefore, without neglecting the treatment of the local lesions, one's efforts are more particularly directed to securing adequate nutrition. The assimilation of food, indeed, occupies a foremost place in determining the course of the disease and the physician's first care should be to maintain the digestive functions in their integrity. While carefully eschewing medicaments of an irritating character, he will make it his duty to awaken and maintain the appetite of tuberculous subjects and also to practise, not the "cramming" that is discountenanced by experience, but methodical, rational hyperalimentation in order the better to insure that it shall repair the wear and tear of the organism and enable it successfully to resist the microbial invasion. Unfortunately, in the immense majority of instances, the tuberculous subject is also a dyspeptic or, strictly speaking, a hypopeptic. Professor Grancher has given us an admirable clinical picture of pre-tuberculous dypepsia and Marfan has shown that this complication is met with at every stage of the disease. As a rule the gastric disturbances are secondary to the constitutional infection although, in some instances, they may be the consequence of the local action of the bacillus on the gastro-intestinal tract, especially when the patient swallows, instead of expectorating, the sputum. The pathological changes thus induced in the gastro intestinal mucosa are, in this case, associated with acute dypeptic manifestations determining incoercible vomiting and other symptoms premonitory of approaching cachexia. In the treatment of these disturbances of nutrition the medication to be preferred is the solution Pautauberg, composed of pure creosote and hydrochloro-phosphate of lime. When creosote was first introduced for the treatment of tuberculosis Bouchard and Gimbert noticed that when this substance was administered in the form of a very dilute solution it ceased to give rise to the inconveniences that had led practitioners to hesitate to make use thereof; they found too that in this diluted form, it not only left the digestive apparatus intact but even "caused the disappearance of fur from the tongue and allowed of a more generous alimentation." Since that time abundant clinical evidence has been accumulated to show that creosote ensures antisepsis of the stomach, checks irregular fermentations and corrects any diarrhoea. These results are obtained within the first few days following the administration of the solution Pautauberge. This invaluable medication restores the appetite in tuberculous subjects, stimulates the digestive functions and, consequently, materially improves the general condition of the patient. The prompt relief of the anorexia and the associated improvement in digestion are due to employment of a perfectly pure and very dilute creosote and by the adjunction of the necessary hydrochloric acid contained in the hydrochloro-phosphate of lime. Tuberculosis admits of ready cure as soon as the treatment of the dyspepsia allows of the better alimentation of the patient, and the tendency to recovery is greatly facilitated by the daily ingestion of completely assimiliated phosphate of lime which makes good the demineralisation of the organism and helps to bring about the calcification of the tubercules, this, as is well known, being the normal mode of cure of tuberculous lesions. Prof. Jaccoud remarked that "creosote exerts a direct action on the essential lesions, promoting the fibrous transformation." This being so, it is obvious that the constituent elements of the solution Pautauberge provide the tuberculous with the means of powerfully influencing the processes of nutrition and of reinforcing the two modes of recovery from the disease.

Sodoxylin.—One of the latest products of the Abbott Laboratories. It is a combination of remedies which opens up an entirely new field of therapeutic possibilities in medicine. It is an eliminant, antacid and intestinal antiseptic of merit, neutralizing hyperacid conditions of the system, modifying abnormal findings in the intestinal canal, serving as an efficient remedy to neutralize the toxin substances found in the system and to prevent their further production. Extensive literature regarding the remedy itself and the conditions in which it is of most value will be sent by Abbott Alkaloidal Company, on request to Chicago.

To arrest the violent spasmodic conditions of whooping cough set a basin of scalding water on the floor, and pour into it an ounce of strong liquid ammonia; the fumes, it is claimed, give instant relief.